SIPE		PART B	- FEE(S) TF	RANSMITTAL			
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OCT 2 4 2005	or j			Alexandria, Virginia 22313-1450 (571) 273-2885			
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01 FC:2501	700.00 OP				- AB Sample	(Depositor's name) (Signature)	
				000	10/20/5	Derittan (Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVI		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/787,453	10/787,453 02/26/2004			Phillip J. Pinon AMC3993 7823			
TITLE OF INVENTION: H		· · · -	····			·	
APPLN. TYPE	SMALL ENTITY	ISSUE FEI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	. <u> </u>	\$0	\$700	10/18/2005	
<u> </u>	e EXAMINER		ART UNIT		J	ţ	
	, TONY H	3611		280-001500			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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(11) 1.11.112 01 11001011		. (5)	RESIDENCE. (err i min state on e	OUNTRY		
Please check the appropriate	assignee category or category	eries (will not be prin	ited on the paten	t): 🗖 Individual 🗖	Corporation or other private g	group entity 🚨 Government	
4a. The following fee(s) are enclosed 4b. Payment of Fee(s):							
4	Issue Fee + petition Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
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Authorized Signature	9688			Date	10/26/5	-	
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